

uice Plus+®	Representative:	FIN:	FIN:						
Name:						Date:	/		
Address:			c	ity:		_ State:	ZIP:		
Phone:		E-	Mail:						
Method of P	Payment (circle one):	VISA MC (Debit or Credit)	AMEX	DISCOVER	BANK DRAFT*	*			
Credit Card	#:	_		_	Exp. Da	nte: /_			
Name on Ca	rd:			Signature:					
**Bank Draf	t Checking Acct #:				Routing #:				
Quantity	Juice Plus+® Products						4-Month Installment Price		
	Juice Plus+® Orchard, Garden & Vineyard Blends						\$71.25/month (\$2.38/day)		
	THE STATE OF THE S	Juice Plu	Juice Plus+® Orchard & Garden Blends						
	Sais :	Juice Plu	Juice Plus+ Vineyard Blend®						
	Spice Spiles Spi	Juice Plus	s+® Orchard	\$76.75/month (\$2.56/day)					
	Spice Students Students Students Students Students	Juice Plus	Adult: \$47.50/month Child: \$24.50/month						
	Julies Julies States St	Juice Plu	s+ Vineyard	l Blend® Chewa	ables		\$30.75/month (\$1.03/day)		
	*(COMPLETE (COMPLETE)			ee® Shake Mix O Variety (2 of each	n)		\$30.75/month (\$2.05/shake)		
	40000 a pro-			e® Single Serve		nets per box)	\$33.25/month (\$2.22/shake)		
	COMPLETE COMPLETE	OTart Cherr		e® Nutrition Ba Dark Chocolate/Fig estallments			\$32.50/month (\$2.17/bar)		
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Juice PLUS+ children's health study	I understand that my child will receive free Juice Plus+® product (capsules or chewables) for the period of one year. I agree to be a Juice Plus+® Orchard and Garden Blend capsule or chewable customer during this period. I agree to pay shipping/handling for my product and my child's free product: 1 box of capsules or chewables (\$1.75 monthly) or 2 boxes of chewables (\$3.50 monthly).								
Sponsoring Adult's Name:									
Child's Name:		_ Child's Birthdate:	/	/					
College Attending (full-time undergo	rad):	_ Student's Email:							
Desired Juice Plus+* product for child: Capsules Chewables									